PLUMBING PERMIT APPLICATION

If faxed, payment must be received in 5 business days.

Permit Number PLM Permit Fo		Fee \$ Date
A.	ADDRESS	F. Will any electrical work be accomplished under this permit?
В.	NUMBER N-S-E-W STREET NAME APT # IF THIS BUILDING HAS MULTIBLE ADDRESSES: LOWEST NUMBER HIGHEST NUMBER OWNER OF THE PROPERTY: NAME ADDRESS NUMBER N-S-E-W STREET NAME APT # CITY STATE ZIP CODE	YESNO G. PLUMBING CODE USED: Indiana Plumbing Code Indiana Residential Code H. VALUE OF PLUMBING WORK: \$ I. CONSTRUCTION DESIGN RELEASE: J. STRUCTURAL PERMIT NUMBER: K. STRUCTURAL PERMIT FEE: \$
	TELEPHONE NUMBER () EMAIL ADDRESS	L. NUMBER OF FIXTURES:
C.	USE OF STRUCTURE: (CHECK ONE) 1) ONE FAMILY2) TWO FAMILY3) NON-RESIDENTIAL4) MULTI-FAMILY/CONDOS (3 OR MORE UNITS)	
D.	PERMIT TYPE: (CHECK ONE) 1) ALTERATION/REMODEL 2) ADDITION 3) NEW INSTALLATION 4) UNDERSLAB ONLY 5) WATER HEATER	O. CONTRACTOR RESPONSIBLE FOR PLUMBING PERMIT: If the applicant is obtaining the permit for a contractor which is licensed with the Department of Business and Neighborhood Services, please complete the following information: Business Name Business License Number:
E.	DETAILED SCOPE OF WORK:	I AFFIRM, UNDER PENALTIES OF PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE. Applicant Name Date Applicant Signature Applicant License Number: Applicant Email Address: Telephone Number: () Fax Number: ()

Plumbing Permit Application

Permit Number PLM

This is application is used for all plumbing activity whether in a Class 1 or Class 2 structure. One permit application is needed per structure.

Permit Number

This is your building permit number. You will use this number when requesting inspections.

Permit Fee

This is the cost of your permit. If you fax in your permit payment must be received within 5 days of issuance.

Address

This is the legal address of the structure.

Multiple Addresses

If the structure has multiple addresses that you will be performing work in, be sure to include the lowest number to the highest number.

Owner of Property

The name, address, and contact information of the property owner is needed.

Use of Structure

Select only one option. If the structure is a mixed use (commercial and residential) select nonresidential. A condo in a building that has more than two units is multifamily.

Permit Type

Only one permit type can be selected per application. Select the permit that most reflects the work you will be doing.

Electrical Work

If you will being doing any electrical work related to your plumbing permit select yes, if not select no.

Plumbing Code

The code you will be doing your work under is what must be selected.

Value of Plumbing Work

This is the value of the work you are getting the permit for.

PLUMBING PERMIT APPLICATION

If faxed, payment must be received in 5 business days.

		X	
	A	ADDRESS	H. CONSTRUCTION DESIGN RELEASE:
		NUMBER N-S-E-W STREET NAME APT #	I. STRUCTURAL PERMIT NUMBER
		IF THIS BUILDING HAS MULTIBLE ADDRESSES:	J. STRUCTURAL PERMIT FEE: \$
		LOWEST NUMBER HIGHEST NUMBER	K. NUMBER OF FIXTURES:
	ы	OWNER OF THE PROPERTY:	L SQUARE FOOTAGE:
		NAM E	M. DELAILED SCOPE OF WORK:
		ADDRESSNUMBER_N-S-E-W_STREET NAME_APT #	
		CITY STATE ZP CODE	
×		TELEPHONE NUMBER ()	
		EMAIL ADDRESS	
	C.	USE OF STRUCTURE: (CHECK ONE)	
		1) O NE FAMILY2) TWO FAMILY	N. Is this scope of work only extending a new gas line to service a
7		1) NO N-RESIDENTIAL4) MULTI-FAMILY/CONDOS (3 OR MO RE UNITS)	listed applian ov?
	D.	PERMIT TYPE: (CHECK ONE)	YESNO
		1) ALTE RATIO N/RE/MODEL	O. CONTRACTOR RESPONSIBLE FOR IT UNBING ITEMPIT:
		Z) COMMERCIAL ACCESSORY	If the applicant is obtaining the permit for a contractor which is
		3) COMMERCIAL ADDITION	licensed with the Department of Business and Neighborhood Services, please complete the following information:
4		4) CO NNE CTION, RECONNECTION	
		S) NEW INSTALLATION	Business Name
		6) RESI DENTIAL ACCES SORY	Business Licerse Number:
		T) RESIDENTIAL ADDITION	I AFFIRM, UNDER PENALTIES OF PERJURY, THAT THE
		5) UNDERS LASE ONLY	FORE GOING REPRESENTATIONS ARE TRUE.
		9) WATER HEATER	Applicant Name
	ы	Will any electrical work be accomplished under this permit?	Date
_		YESNO	Applicant Signature
7	ħ.	PLUMBING CODE USED:	Applicant License Number:
		Indans Plumbing Code	Applicant Emdi Address:
		Indians Residential Code	Telephone Number: ()_
1	G.	VALUE OF PLUMBING WORK: \$	Fax Number: ()
/			

Department of Business and Neighborhood Services, 1200 Madison Ave, Suite 100, Indianapolis, IN 46225
PHONE: (317) 327-8700 + FAX: (317) 327-5397
www.lndy.gov/permits

Construction Design Release

This is needed for most Class 1 projects. This is obtained from the Indiana Department of Homeland Security. The release number from the letter is what is put here.

Structural Permit Number

If structural permit was obtained for the area you are working in you must provide the structural permit number.

Structural Permit Fee

This is the structural permit fee only and does not include application fee or review fees.

Number of Fixtures or Square Footage

Fixtures is needed for Class 1 and square footage for Class 2, not

Detailed Description

A detailed description of the work that will be done under the permit is needed.

Gas Line

If you are obtaining this permit simply to extend a gas line for an appliance select yes, if not select no.

Business Information

Please put your business name and license number as it appears on your City of Indianapolis license card.

Applicant Information

Only individuals who have been authorized to obtain permits for the company may apply for permits. These agents for the company must put their name and license number as it appears on their City of Indianapolis license card. An email address, phone number, and/or fax number is needed for each agent so we may contact them if necessary.